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ABSTRACT

Research over the past two decades has indicated that behavioral parent training is an effective intervention with parents and their children. Findings suggest that parent training is most effective with conduct problem children. In the current study data was collected from parents enrolled in the Boys Town Common Sense Parenting program to assess the degree of behavior problems reported in children as well as the short term and long term effects of the program. In addition parents were interviewed to assess acquisition of skills taught, relative effectiveness of training methods, and generalization of effects to the child's home. The parent group consisted of 28 females and 6 males. Parents received services including a family assessment, 8 weeks of skills training, and follow-up support. Results indicated significant pre- to posttest improvements in parent reported child behavior problems, attitudes toward their children, and problem solving skills. Gains were maintained at a 12-month follow-up. Qualitative data obtained from interviews suggested that parents acquired skills, and that they generalized to home settings. The long term goal is to develop the technology to replicate the program on a large scale basis. (ABL)

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Multiple Effects of Boys Town's Parent Training Program: Initial Results

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Abstract

This study assesses the efficacy of a parent training program based on social learning principles. Fifty-four parents received services including a family assessment, eight weeks of skills training and follow up support. Results indicated significant pre to post improvements in parent reported child behavior problems, attitudes toward their children, and problem solving skills. Gains were maintained at twelve months follow up. Qualitative data obtained from interviews suggested that parents acquired skills, and they generalized to home settings. The long term goal is to develop the technology to replicate the program on a large scale basis. Implications for further research are discussed.

Research over the past two decades has indicated that behavioral parent training is an effective intervention with parents and their children (Kazdin, 1991). Findings suggest that parent training is most effective with conduct problem children (Bank et. al., 1991; Graziano & Diament, 1992). There is also some evidence of positive effects with difficult to treat populations such as lower SES families (Knapp & Deluty, 1989) and abusive families (Wolfe, Sandler, & Kaufman, 1981). A clear advantage over more traditional forms of treatment for families is that parent training can be provided in a group format which is relatively cost effective.

Although the effectiveness and relative efficiency of this approach has been clearly demonstrated, there is still a dramatic shortage of community based services to deliver mental health treatment to children and their families (Saxe, Cross, & Silverman, 1988). As a result, many children do not receive needed mental health treatment (Tuma, 1989). We see the basic problem as a lack of technology transfer, i.e. making known treatment methods available to a significant portion of the population. Behavioral parent training has definite advantages to solve this problem. Training methods can be clearly specified, trained and observed. Effects can be measured accurately via standardized instruments. Even maintenance and generalization of effects over time and across settings can be assessed using available technology.

In the current study data was collected from parents enrolled in the Boys Town Common Sense Parenting program to assess the degree of behavior problems reported in children as well as the short term and long term

effects of the program. In addition, parents were interviewed to assess acquisition of skills taught, relative effectiveness of training methods, and generalization of effects to the child's home. We felt that this was a necessary initial step in the development of the program. Boys Town has developed a widely known model of behavioral residential treatment (Phillips et. al., 1974; Peter, 1986) that is supported by a comprehensive program evaluation system (Bastien, Coughlin, & Daly, 1990). In recent years this model of residential treatment has been replicated in several cities across the country and expanded to include family based programs including Common Sense Parenting. This parent training program employs a social learning approach and teaches child management skills that can be used in a variety of settings with a broad range of child behavior problems. Our goal was to develop a program that could be widely disseminated to community agencies.

Method

Participants

Fifty-four parents from a Midwestern metropolitan area participated in the initial study. If both parents attended and completed training, only the data from the mother was used. The final group included 28 females and six males. The average age of the parents was 32 and they had an average of 2.5 children. Eighty-seven percent of the parents were Caucasian. Twenty-three percent were single parents. All parents had completed high school and 55% had at least one year of post high school education. Seventy four percent of the parents were employed outside of the home. Each parent identified one child as the "target" child for the

purpose of this study. Eighteen boys and 16 girls were identified. The children ranged in age from 2 to 17 with a mean of 9.94 years.

Procedures

All participants received an in home consultation prior to treatment to identify behaviorally specific child problems and individual goals for training. Parents were then enrolled in eight weekly, two hour training sessions which included direct instruction, modeling of skills, and role playing exercises. Parents were also seen for weekly 15-minute individual meetings, and they were contacted by telephone between training sessions.

Skills taught in the program included: observing and describing behavior, praising effectively, establishing clear expectations, providing consistent consequences, teaching alternatives to problem behaviors, responding to emotionally intense situations, solving parent child problems, goal setting via the use of contracts and charts, and establishing family meetings and traditions.

Outcome Measures

Each parent was asked to complete self report measures of child behavior problems, parent attitudes, and problem solving skills prior to training, at the end of training, and at three months follow up. At 12 months follow up parents were also asked to complete the self report measure of child behavior problems. The Eyberg Child Behavior Inventory (ECBI; Eyberg & Ross, 1978) was used to measure child behavior problems at all four time points. It includes a frequency scale and a total problem scale. Three scales of the Parent Attitudes Test (PAT; Cowen et. al., 1970) were used to assess parent perceptions and attitudes about their

child. Finally, the Problem Solving Inventory (PSI; Heppner & Petersen, 1982) is a measure of general problem solving skills. The PAT and PSI were not completed at 12 months follow up.

Qualitative Interviews

In addition to these quantitative outcome measures, qualitative data were collected from over 80 structured interviews with parents. The interviews assessed parent opinions about the process, content, usefulness, and short-term effectiveness of the training. In the final interviews, parents were asked to describe examples of how they used training content in order to assess participants' understanding and application of the concepts. Content analyses were completed on resulting data. Whenever possible, parents' qualitative responses were coded into agree/disagree categories in order to provide some quantitative results.

Results

Outcome Data

There were a total of eight dependent measures (2 scales from the ECBI, 3 scales from the PAT, and 3 scales from the PSI). A repeated measures ANOVA was used to test the significance of pre, post, and follow up differences. A familywise alpha level of .01 was used due to multiple ANOVA's. Tukey tests were used for pairwise comparisons. Results of the ANOVA's indicated significant differences on seven of the eight dependent measures (all but Approach-Avoidance on the PSI). Pairwise comparisons indicated significant differences between both pre test and post test and pre test and follow up with non significant differences between post test

and follow up. These trends were also maintained on the ECBI at 12 months follow up.

In addition to statistical significance, the results also provide evidence of clinical significance. Cutting scores for the clinical range on the ECBI are at 11 for problem number and 127 for problem frequency (Eyberg & Ross, 1978). Mean ratings on the ECBI were in the clinical range before training and in the normal range at post test and follow up.

Qualitative Data

Parents reported that learning specific skills, role playing, use of examples, and modeling by parent trainers as the most helpful aspects of the program. They indicated that irrelevant discussion, off task role play groups, and communication exercises as the least helpful. Parents were able to describe examples of appropriate use of skills taught, providing an self report measure of generalization.

Parents also reported that their family was functioning better at the end of the eight weeks. They described their child's behavior as improved and the family atmosphere as more positive. Several stated that communication with their spouse regarding child discipline improved. When asked for reasons, they most frequently cited the use of effective praise and the concept of "discipline as teaching" (preventive teaching and corrective teaching) as the reasons for the improvement.

Discussion

Results from this study suggest that the Boys Town Parent Training Program is an effective, economical intervention for families. Parents reported a significant improvement in child behavior, attitudes about

their home and child, and confidence and perceived self-control in their problem solving abilities. On the average, parents also reported that their childs' behavior improved from the clinical to the normal range after training. More importantly, follow up data suggested that program effects were maintained for 12 months.

Additional evidence that program skills were learned and used in their homes came from interviews with parents. Participants were able to retrospectively provide accurate descriptions of parenting skills and appropriate examples of skill use with their child. Interview information also suggested some mechanisms that may account for the maintenance and generalization of effects. Skills used most frequently by parents (effective praise, preventive teaching, and corrective teaching) are those that most likely account for the treatment effects.

Additional studies are both necessary and planned. This study is currently being replicated with a wait list control group to rule out effects due to passage of time. In addition, an attempt is being made to more accurately measure the acquisition of skills by parents and the components of effective parent training sessions. Further studies have also begun involving more difficult to treat families such as abusive parents, poverty level families, and parents with youth in residential placement. The long range goal is to refine and disseminate the program, especially to those families whose needs are not being met by the avaliable network of mental health services.

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